

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006571

987

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1

FILED MAR 7 1962

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 37 years		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3231 Prospect Avenue Hazelwood Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3911 E. 60th Terrace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SAMUEL Middle LEE Last KELTNER				4. DATE OF DEATH Month February Day 16 Year 1962			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/13/1884	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY City Employee		11. BIRTHPLACE (City and state or country) Jackson Co., Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Peter Jake Keltner			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address Kansas City, Mo. Mary A. Wallace, 3911 E. 60th Terr.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ch. Myocardial-Vascular Disease DUE TO (c) Rheumatic Carditis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) advanced Cirrhosis PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH Immediate Over 14 yr ?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -			
20c. TIME OF INJURY Hour 4 a.m. 20 p.m. Month, Day, Year Nov 15-46 to Jan 10-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -		20f. CITY, TOWN, OR LOCATION Topeka		COUNTY Kansas		STATE Kansas	
21. I attended the deceased from Nov 15-46 to Jan 10-62 and last saw him alive on 8-3-61 . Death occurred at 4:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. Broyles MD			22b. ADDRESS 1232 Professional Bldg			22c. DATE SIGNED 2-17-62	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 19, 1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) Topeka		(State) Kansas
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 2-19-62		26. REGISTRAR'S SIGNATURE Ruth Long		

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

H. Broyles MEDICAL CERTIFICATION

SECRET JAN 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond M. Hardy

Licensed Embalmer No. *4913*

P. O. Address

Indep. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.